**Agency:** J12 - Department of Mental Health **Functional Group:** Health

### 997 School-Based Services

Services, such as counseling and case management, delivered to school children with mental illness by mental health professionals within the walls of the school system during the school day. For emotionally disturbed children who qualify for the Interagency System for Caring for Emotionally Disturbed Children, Section 20-7-5710 mandates that DMH work together with other agencies in the system to "support children in a manner that enables them to function in a community setting". Also, these are services which help DMH accomplish its duties as described in Section 44-9-90.

#### FY 2006-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs	
\$22,128,806	\$9,521,842	\$1,385,391	\$172,589	\$0	\$11,048,984	427.55	

#### **Expected Results:**

#### **Outcome Measures:**

Services were rendered to 13,787 children in FY06 and 14,006 children in FY05. 2006 sample (using the CAFAS testing instrument) indicates that 82% improved or maintained their functioning. 2005 sample (using the CAFAS testing instrument) indicates that 73% improved or maintained their functioning.

**Agency:** J12 - Department of Mental Health **Functional Group:** Health

# 998 Employment Services

Services delivered by community mental centers that support consumers with serious and persistent mental illness in gaining and maintaining competitive employment as a means of achieving therapeutic goals, such as attaining feelings of belonging and self-worth. This includes Individual Placement Services (IPS) services, an evidence-based practice, at 6 community mental health centers.

Total	General	Federal	Supp.	CRF	Other	
	Funds	Funds	Funds		Funds	FTEs
\$705,375	\$308,522	\$33,257	\$5,592	\$0	\$358,004	26.27

### **Expected Results:**

\*Increase the number of DMH consumers with serious and persistent mental illness who are competitively employed

Page 1 10/12/2006

<sup>\*</sup>Improve functioning of the consumer \*Improve satisfaction of the consumer, family, and school system

#### **Outcome Measures:**

15% of DMH consumers were employed in FY2006, compared to 15% in FY2005. For clients receiving IPS services, 63% were employed in the 3rd quarter of FY 06, compared to 55% in the 3rd quarter of FY 05. 2006 IPS sample (using the MHSIP testing instrument) indicates that IPS program participants gave positive responses in the following areas: 81.7% for access to care, 83.9% to appropriateness of care, 76.2% to outcome of care, 79.0% to satisfaction with care, and 76.2% to participation in treatment.

**Agency:** J12 - Department of Mental Health

# Functional Group: Health

### 999 Crisis Stabilization

Evaluation and treatment services delivered by the community mental health centers that stabilize consumers whose symptoms, e.g. suicidal behavior, extremely confused behavior, hallucinations/hearing voices, etc., have resulted in a crisis situation (who may be identified in the emergency rooms). These are services which help DMH accomplish its duties as described in Section 44-9-90. Preadmission screening and evaluation in psychiatric emergencies are mandated by Section 44-17-450.

#### FY 2006-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$20,277,531	\$11,372,247	\$776,044	\$617,339	\$0	\$7,511,901	271.10

### **Expected Results:**

### **Outcome Measures:**

An average of 48 individuals were waiting in the ER on Monday mornings in FY06, compared to an average of 43 in FY05. 2006 sample (using the MHSIP testing instrument) indicates that crisis stabilization participants gave positive responses in the following areas: 90.9% for access to care, 89.6% to appropriateness of care, 68% to outcome of care, 96.1% to satisfaction with care, 74% to participation in treatment, 73% to improved functioning and 71.6% to social connectedness.

Agency: J12 - Department of Mental Health Functional Group: Health

# 1000 Intensive Family Services (Family Preservation)

Intensive services delivered by the community mental health centers targeted to children who have been identified as being at high risk for out-of-home placement, due to manifestation of psychiatric symptoms such as sudden aggressive outbursts, self-destructive activities, or oppositional-defiant behavior. The program works closely with the Department of Juvenile Justice (DJJ) and the Department of Social Services (DSS) to prevent removal of children from the home. This includes Multisystemic

Page 2 10/12/2006

<sup>\*</sup>Increase number of consumers in crisis diverted from admission to inpatient programs \*Decrease number of consumers in crisis waiting in the emergency rooms

Therapy (MST), an evidence-based intensive family-and community based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. MST targets chronic, violent, or substance abusing juvenile offenders at high risk of out-of-home placement and their families. For emotionally disturbed children who qualify for the Interagency System for Caring for Emotionally Disturbed Children, Section 20-7-5710 mandates that DMH work together with other agencies in the system to support children in a manner that enables them to function in a community setting. Also, these are services which help DMH accomplish its duties as described in Section 44-9-90.

#### FY 2006-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs	
\$3,039,308	\$1,323,010	\$157,120	\$23,980	\$0	\$1,535,198	73.58	

#### **Expected Results:**

#### **Outcome Measures:**

2006 sample (using the CAFAS testing instrument) indicates that 65.7% of children in the family preservation program either improved or maintained their level of functioning. 2005 sample (using the CAFAS testing instrument) indicates that 83% of children in the family preservation program either improved or maintained their level of functioning.

**Agency:** J12 - Department of Mental Health

# Functional Group: Health

### 1002 Long Term Inpatient Psych

Services delivered in a hospital setting for adult consumers whose conditions are of such severity that they are not able to be treated in the community and are not expected to return to the community quickly. Mandated by Section 44-11-10.

FY	2006-07
LI	<b>4</b> 000-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$24,771,926	\$13,366,589	\$0	\$1,751,200	\$0	\$9,654,137	349.57

#### **Expected Results:**

\*Increase the number of long-term psychiatrically disabled consumers who are moved out of long-term hospital care into community care

#### **Outcome Measures:**

See acute psych below. With the closure of the state psychiatric hospital, all adults who need hospital care are treated at the two hospitals (Bryan and Harris) that originally were intended just for acute care. Therefore, outcomes for long-term care patients are mixed in with the outcomes for acute care patients at Bryan and Harris.

Page 3 10/12/2006

<sup>\*</sup>Improve functioning of children at high risk for incarceration \*Increase consumer satisfaction

Agency: J12 - Department of Mental Health Functional Group: Health

# 1003 Acute Psych

Services delivered in a hospital setting for adult consumers whose conditions are temporarily severe enough that they are not able to be treated in the community. Mandated by Section 44-11-10.

#### FY 2006-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs	
\$40,405,084	\$21,679,726	\$0	\$3,898,800	\$0	\$14,826,558	556.02	

#### **Expected Results:**

#### **Outcome Measures:**

The 30-day readmission rate for Bryan Psychiatric Hospital was 9.17 and 6.72 for Harris Psychiatric Hospital, compared to a national rate of 7.50 (December 1, 2005). At the same point in the previous year, the 30-day readmission rate for Bryan Psychiatric Hospital was 6.02 and 8.4 for Harris Psychiatric Hospital, compared to a national rate of 7.94 (December 1, 2004). 70.73% of consumers discharged from Bryan and 79.41% of consumers discharged from Harris gave positive responses to the client perception of outcome of care domain on the Inpatient Consumer Survey, compared to a national rate of 73% (December 1, 2005). At the same point in the previous year, 74% of consumers discharged from Bryan and 77% of consumers discharged from Harris gave positive responses to the client perception of outcome of care domain on the Inpatient Consumer Survey, compared to a national rate of 73% (December 1, 2004).

**Agency:** J12 - Department of Mental Health Functional Group: Health

### 1004 Inpatient Psych for Children

Services delivered in a hospital setting for those children whose conditions are of such severity that they can not be treated in the community; also treatment for children in the custody of the Department of Juvenile Justice who have a diagnosis of mental illness. Mandated by Section 44-11-10; in addition, family court-ordered evaluations of children is mandated by Section 44-24-150.

FY 2006-07

Page 4 10/12/2006

<sup>\*</sup>Decrease the number of consumers who stay in acute hospital care for longer than 90 days \*Decrease the number of consumers who have to return to a hospital-setting for treatment \*Improve functioning of the consumer \*Increase the satisfaction of the consumer

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs	
\$16,002,416	\$9,386,239	\$130,382	\$0	\$0	\$6,485,795	279.52	

# **Expected Results:**

\*Improve functioning of the children to the point that they are able to return to community care as quickly as possible

#### **Outcome Measures:**

The 30-day readmission rate for Hall Institute was 3.85, compared to a national rate of 7.50 (December 1, 2005). At the same point in the previous year, the 30-day readmission rate for Hall Institute was 2.78, compared to a national rate of 7.94 (December 1, 2004).

Agency: J12 - Department of Mental Health Functional Group: Health

# 1005 Inpatient Forensics

Inpatient treatment of the populations of individuals committed to the Department through the legal system (those that have been found Not Guilty by Reason of Insanity of a crime). Also carry out court-ordered evaluations of individuals accused of a crime for whom mental competence is an issue. Mandated by Sections 44-23-410 to -460 and Section 17-24-40.

			1 2000-07			
Total	General	Federal	Supp. Funds	CRF	Other	FTEs
	Funds	Funds	runus		Funds	FIES
\$21,745,078	\$8,686,322	\$0	\$2,560,000	\$0	\$10,498,756	94.19

EV 2006-07

### **Expected Results:**

\*Increase the number of individuals who are in care (for evaluations) for less than 90 days \*Decrease the number of individuals on the wait list for court-ordered evaluations \*Provide a secure treatment setting for committed individuals

#### **Outcome Measures:**

The 30-day readmission rate to a state psychiatric hospital after discharge from forensic inpatient was 7% in FY2005, 4% in FY2004, and 7% in FY2003. The 180-day readmission rate was 22% in FY2005, 19% in FY2004, and 17% in FY2003.

**Agency:** J12 - Department of Mental Health Functional Group: Health

1006 Inpatient Alcohol & Drug

Page 5 10/12/2006

Treatment services delivered in an inpatient setting to individuals whose primary diagnosis is a substance abuse disorder of a severity necessitating removal from the community. Generally court-ordered treatment but there is a waiting list for those who are voluntarily trying to be admitted. Mandated by Section 44-11-10.

#### FY 2006-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$13,182,949	\$11,286,940	\$0	\$0	\$0	\$1,896,009	199.88

#### **Expected Results:**

\*Increase the number of consumers who do not relapse into substance abuse \*Improve satisfaction of the consumer and family

#### **Outcome Measures:**

Survey responses indicate that in CY2005 76% of patients reported abstinence at 30 days post discharge, compared to 77% in CY2004, 75% in 2003, and 54% in CY2002. The number of days alcohol was used decreased 67% in CY2005 and the number of days clients used other drugs decreased 85%, compared to 82% and 87% respectively in CY2004, 81% and 80% respectively in CY 2003; 89% and 81% respectively for CY2002. The number of days clients experience psychological problems decreased 71% in CY2005, compared to 63% in CY2004, 63% for CY2003, and 60% in 2002. For CY2005, 92% of clients were satisfied with services received at Morris Village (inpatient A&D facility), compared to 91% in CY2004, 92% in CY 2003, and 94% in CY2002.

**Agency:** J12 - Department of Mental Health

# Functional Group: Health

#### **Nursing Home for Mentally Ill** 1007

Residential nursing care for individuals with mental illness. This mainly geriatric population is unlikely to be accepted to outside nursing care due to the patients' combination of medical fragility and special behavioral considerations due to their psychiatric illnesses. Mandated by Section 44-11-10.

#### FY 2006-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$27,687,546	\$12,061,520	\$0	\$0	\$0	\$15,626,026	467.46

#### **Expected Results:**

Provide a safe, comfortable environment for individuals with mental illness who need nursing care

#### **Outcome Measures:**

Tucker Center maintained accreditation by the Centers for Medicare and Medicaid (CMS) and the Veterans Administration. The last two surveys by DHEC/CMS were noted to be deficiency free. Tucker Center was recently surveyed (July 12th and 13th) by the Joint Commission on Accreditation of Healthcare Organizations and was noted to be in full compliance with all but three standards.

> Page 6 10/12/2006

Agency: J12 - Department of Mental Health Functional Group: Health

## 1008 Veterans Nursing Homes

Originally residential nursing care for veterans who also have a mental illness; role has now expanded beyond that so that any veteran is eligible who meets the admission criteria. Authorized by 44-11-30.

#### FY 2006-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$30,084,606	\$11,891,831	\$0	\$2,400,000	\$0	\$15,792,775	141.24

#### **Expected Results:**

Provide a safe, comfortable environment for veterans who need nursing care

#### **Outcome Measures:**

The Campbell Veterans Home had their annual certification survey by DHEC on January 10th through the 12th. They were noted to have only two minor deficiencies. The VA surveyed on March 8th and 9th and noted that they were out of compliance in only 6 out of 175 standards. The Campbell Veterans Home maintained both Licensure by DHEC and Certification by the Centers for Medicare and Medicaid (CMS). These positive survey outcomes demonstrate the commitment to excellence by the Division of Long Term Care and Health Management Resources.

**Agency:** J12 - Department of Mental Health **Functional Group:** Health

## 1009 Sexually Violent Predator Program

Treatment for civilly-committed individuals found by the courts to be sexually violent predators. Mandated by the Sexually Violent Predator Act, Section 44-48-10 et al.

#### FY 2006-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs	
\$3,958,869	\$3,946,025	\$0	\$0	\$0	\$12,844	60.60	

#### **Expected Results:**

Provide a secure treatment setting for committed individuals

Page 7 10/12/2006

#### **Outcome Measures:**

6 patients were discharged in FY06, compared to 14 discharged in FY05, and 8 discharged in FY04.

**Agency:** J12 - Department of Mental Health

# Functional Group: Health

#### 1010 Administration

Administration includes central office (the Commission and executive leadership) and the portions of the Division of Administrative Services that relate to human resources and financial services.

#### FY 2006-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$13,673,814	\$11,585,829	\$1,105,481	\$0	\$0	\$982,504	144.75

### **Expected Results:**

Ensure that the provision of services is executed within the bounds of all applicable laws.

#### **Outcome Measures:**

A procurement audit for Jan. 2001 - Dec. 2003 was completed with no significant exceptions reported. A substantial increase in the procurement authority has been recently granted for a number of procurement areas. The most recent audit examinations of financial and grant activities did not contain any significant audit exceptions. The department maintains its financial records in accordance with Generally Accepted Accounting Principles and in compliance federal grant requirements, state laws, and the State Appropriations Act, and it has operated within its budgetary constraints through several consecutive years of state budget cuts. Transactions for payroll processing, procurement, accounts payable, financial reporting and other financial transactions are executed in a timely manner and in accordance with applicable rules and regulations. The Department was the "pilot" agency for implementation of the SCEIS Financial Information System (SAP), which has been operational for several years.

**Agency:** J12 - Department of Mental Health **Functional Group:** Health

### 1011 Pass Through Funds

\$144,192 Gateway House \$50,000 Palmetto Pathways \$98,000 New Day Clubhouse \$250,000 SC Share \$50,000 Alliance for the Mentally Ill \$400,000 Continuum of Care (Proviso 10.3)

FY 2006-07

Page 8 10/12/2006

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$ 738,000	\$248,000	\$0	\$90,000	\$0	\$400,000	0.00

# **Expected Results:**

#### **Outcome Measures:**

No funds have been disbursed improperly.

**Agency:** J12 - Department of Mental Health

# Functional Group: Health

# 1587 Forensic - Community Mental Health

Services which divert individuals whose mental illnesses have brought on criminal activity from the traditional penal system. These are services which help DMH accomplish its duties as described in Section 44-9-90.

FY 2006-07
------------

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs	
\$1,774,030	\$763,247	\$111,289	\$13,835	\$0	\$885,659	41.53	

#### **Expected Results:**

### **Outcome Measures:**

Admissions to Bryan, Harris, and Morris Village hospitals from the community mental health centers were 5103 in FY06, 4878 in FY05, and 4930 in FY04. 2006 sample (using the CAFAS testing instrument) indicates that 79.2% of children in the DJJ service area either improved or maintained their level of functioning, compared to 72% in 2005.

Agency: J12 - Department of Mental Health Functional Group: Health

# 1588 Assertive Community Treatment

Multi-disciplinary outpatient team directly provides all behavioral health needs for an individual with severe and persistent mental illness who often have co-occurring problems such as substance abuse or are homeless or involved with the judicial system.

Page 9 10/12/2006

<sup>\*</sup>Organizations will present itemized budgets and quarterly financial statements, as mandated by the proviso.

<sup>\*</sup>Decrease hospitalization rate \*Improve functioning of the consumer \*Increase consumer satisfaction

#### FY 2006-07

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs	
\$3,284,234	\$1,436,483	\$154,845	\$26,037	\$0	\$1,666,869	52.02	

#### **Expected Results:**

#### **Outcome Measures:**

Admissions to Bryan, Harris, and Morris Village hospitals from the community mental health centers were 5103 in FY06, 4878 in FY05, and 4930 in FY04. 2006 sample (using the MHSIP testing instrument) indicates that ACT program participants gave positive responses in the following areas: 84.7% for access to care, 88.1% to appropriateness of care, 81.0% to outcome of care, 83.1% to satisfaction with care, 81.4% to participation in treatment, 81.0% in improved functioning, and 82.5% in social connectedness.

Agency: J12 - Department of Mental Health

Functional Group: Health

# 1589 Community Based Rehabilitation

Outpatient rehabilitation services intended to manage psychiatric symptoms and re-learn personal, social, and vocational skills which may have been lost almost completely during the extremely long stays in a psychiatric hospital that were more typical in the past. Services are generally offered in a group setting such as a psychosocial clubhouse, a drop-in center, an activity center, a day program, or a consumer-run day program. These are services which help DMH accomplish its duties as described in Section 44-9-90.

77.7	2006	· 07
- T	Z. 1 1 1 1 1 1 1	1-11/

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs	
\$19,455,943	\$8,509,784	\$917,306	\$154,245	\$0	\$9,874,608	264.57	

#### **Expected Results:**

#### **Outcome Measures:**

Admissions to Bryan, Harris, and Morris Village hospitals from the community mental health centers were 5103 in FY06, 4878 in FY05, and 4930 in FY04. 2006 sample (using the MHSIP testing instrument) indicates that day treatment program participants gave positive responses in the following areas: 84.4% for access to care, 87.1% to appropriateness of care, 81.1% to outcome of care, 86.2% to satisfaction with care, 77.2% to participation in treatment, 74.9% in improved functioning, and 81.7% in social connectedness.

Page 10 10/12/2006

<sup>\*</sup>Decrease hospitalization rate \*Improve functioning of the consumer \*Increase consumer satisfaction

<sup>\*</sup>Decrease hospitalization rate \*Improve functioning of the consumer \*Increase consumer satisfaction

Agency: J12 - Department of Mental Health Functional Group: Health

# 1590 Community Residential (Housing) Support

Services which assist individuals with behavioral disabilities who may need extra help with obtaining shelter or learning to live in a community after experiencing such conditions as domestic violence, family disruption, or homelessness. These are services which help DMH accomplish its duties as described in Section 44-9-90.

#### FY 2006-07

Total	General	Federal	Supp.	CRF	Other	
	Funds	Funds	Funds		Funds	FTEs
\$28,108,851	\$11,933,612	\$2,111,375	\$216,304	\$0	\$13,847,560	507.26

### **Expected Results:**

#### **Outcome Measures:**

Admissions to Bryan, Harris, and Morris Village hospitals from the community mental health centers were 5103 in FY06, 4878 in FY05, and 4930 in FY04. 2006 sample (using the MHSIP testing instrument) indicates that day treatment program participants gave positive responses in the following areas: 78.4% for access to care, 81.9% to appropriateness of care, 77.4% to outcome of care, 80.9% to satisfaction with care, 70.7% to participation in treatment, 77.0% in improved functioning, and 81.3% in social connectedness.

Agency: J12 - Department of Mental Health Functional Group: Health

# 1591 Day Treatment

Time-limited series of face-to-face therapeutic sessions offered 4+ days per week, at least 3 hours per day for those individuals experiencing serious psychiatric symptoms (delusions, uncontrollable compulsions, etc.) whose medication needs to be monitored and who need a structured behavioral health setting for daytime activities. These services function as a step-down or alternative to inpatient care. They are more intensive than typical outpatient treatment. These are services which help DMH accomplish its duties as described in Section 44-9-90.

$\mathbf{F}\mathbf{Y}$	20	ሰራ	Λ7

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs	
\$10,108,929	\$4,421,518	\$476,614	\$80,143	\$0	\$5,130,654	167.47	

### **Expected Results:**

Page 11 10/12/2006

<sup>\*</sup>Decrease hospitalization rate \*Improve functioning of the consumer \*Increase consumer satisfaction

<sup>\*</sup>Decrease hospitalization rate \*Improve functioning of the consumer \*Increase consumer satisfaction

#### **Outcome Measures:**

Admissions to Bryan, Harris, and Morris Village hospitals from the community mental health centers were 5103 in FY06, 4878 in FY05, and 4930 in FY04. 2006 sample (using the MHSIP testing instrument) indicates that day treatment program participants gave positive responses in the following areas: 88% for access to care, 86.8% to appropriateness of care, 84.6% to outcome of care, 91.8% to satisfaction with care, 81.9% to participation in treatment, 85.4% in improved functioning, and 90.0% in social connectedness.

Agency: J12 - Department of Mental Health Functional Group: Health

# 1592 Outpatient Services

Individual, group, and family outpatient counseling and psycho education delivered in outpatient community settings. Services are targeted towards those with serious and persistent mental illness, who may experience significant disruptive symptoms such as paranoia or confused and disorganized speech; nevertheless symptoms are able to be controlled enough for the individual to be maintained in the community and out of the hospital. These are services which help DMH accomplish its duties as described in Section 44-9-90.

EV 2006 07

F1 2000-07								
Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs		
\$87,567,654	\$38,064,106	\$4,644,672	\$689,936	\$0	\$44,168,940	1,435.88		

#### **Expected Results:**

#### **Outcome Measures:**

Admissions to Bryan, Harris, and Morris Village hospitals from the community mental health centers were 5103 in FY06, 4878 in FY05, and 4930 in FY04. 2006 sample (using the MHSIP testing instrument) indicates that outpatient program participants gave positive responses in the following areas: 86.5% for access to care, 88.7% to appropriateness of care, 68.7% to outcome of care, 88.4% to satisfaction with care, 78.7% to participation in treatment, 67.1% to improved functioning, and 72.1% to social connectedness.

Page 12 10/12/2006

<sup>\*</sup>Decrease hospitalization rate \*Improve functioning of the consumer \*Increase consumer satisfaction

# **AGENCY TOTALS**

Department of Mental Health

TOTAL AGENCY FUNDS	TOTAL GENERAL FUNDS	TOTAL FEDERAL FUNDS	FUNDS
\$388,700,949	\$191,793,392	\$12,003,776	\$172,203,781
	TOTAL SUPPLEMENTAL FUNDS	TOTAL CAPITAL RESERVE FUNDS	TOTAL FTEs
	\$12,700,000	\$0	5,560.46

Page 13 10/12/2006